

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT

Bayfield Co. Zoning Dept.

Fee for this application is the cost of 575 from the 252 on-site

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

ENTERED  
JUL 10 2017

Permit #: 17-0866  
Date: 10/14/17  
Amount Paid: 17-0866  
Refund:

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: David & Beekie McDonald Mailing Address: 25025 Mettison Rd City/State/Zip: Deception, IL 62521 Telephone: 217-619-6665

Address of Property: 10320 County Hwy H City/State/Zip: Iron River, WI, 54847 Cell Phone: 217-630-6291

Contractor: Self Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) \_\_\_\_\_ Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) Tax ID# (4-5 digits) 20069 Recorded Deed (i.e. # assigned by Register of Deeds) Document # 2017 Subdivision: 567411

1/4, 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Lot Size Acreage

Section 34, Township 47 N, Range 8 W Town of: Iron River Lot Size 1.13

☐ Shoreland ☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue ☒ Distance Structure is from Shoreline: \_\_\_\_\_ feet Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☐ Yes ☒ No

☐ Non-Shoreland ☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue ☒ Distance Structure is from Shoreline: 85' feet ☒ No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>3,000</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input checked="" type="checkbox"/> <u>portable shed</u>	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input checked="" type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> _____ <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well <input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: 14 Width: 10 Height: 12

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> )	       
<input type="checkbox"/> Residential Use <input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input checked="" type="checkbox"/> Accessory Building (specify) <u>10x14 portable shed</u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <u>10 X 14</u> ) ( <input type="checkbox"/> X <input type="checkbox"/> )	   <u>140</u>  
<input type="checkbox"/> Residential Use <input type="checkbox"/> Commercial Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> ) ( <input type="checkbox"/> X <input type="checkbox"/> )	   

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): David & Beekie McDonald Date 6-7-2017

(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

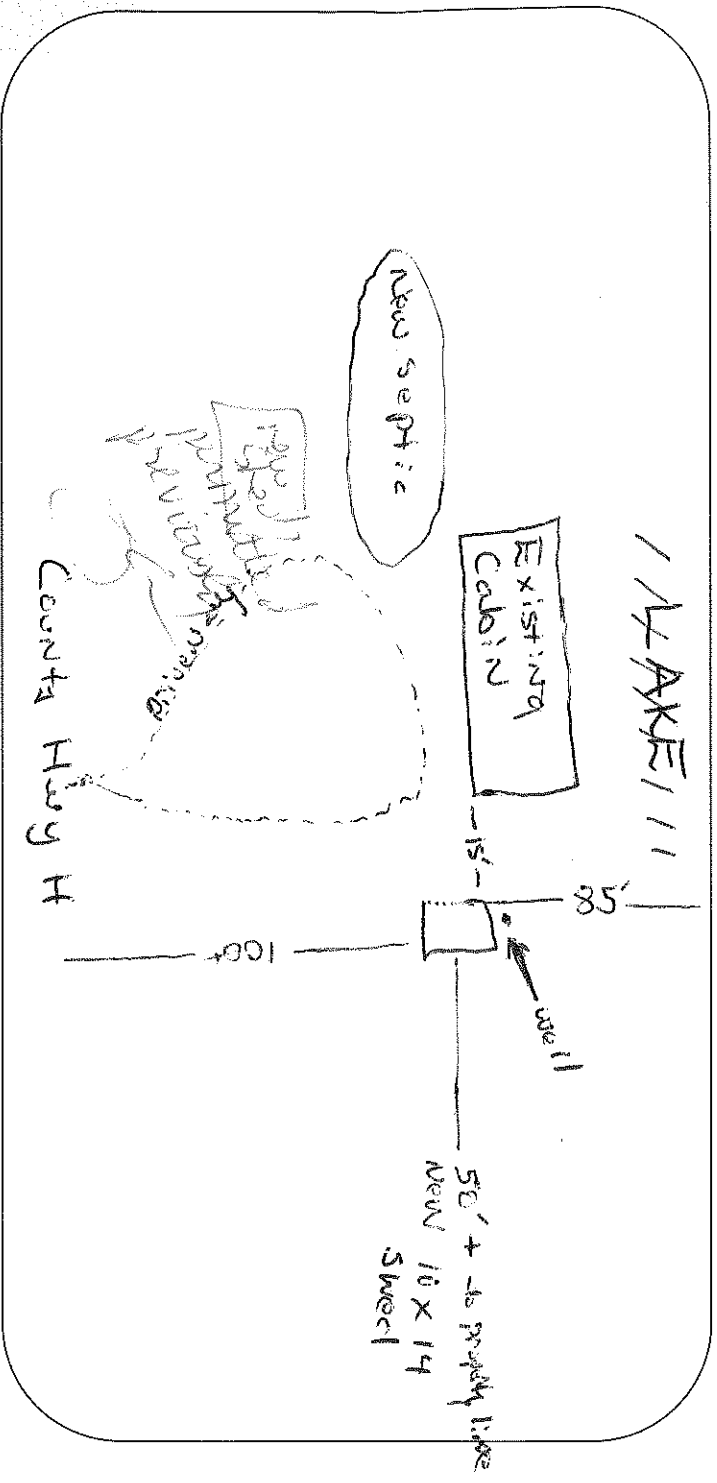
Address to send permit 25025 Mettison Rd Deception, IL 62521

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Show: Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
  - (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show Location of (\*): All Existing Structures on your Property
  - (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show any (\*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100' +/- Feet	Setback from the Lake (ordinary high water mark)	55' Feet
Setback from the Established Right-of-Way	100' +/- Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	30' +/- Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100' +/- Feet	Setback from Wetland	Feet
Setback from the West Lot Line	85' +/- Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	100' +/- Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50' +/- Feet	Setback to Well	10' +/- Feet
Setback to Drain Field	50' +/- Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-02600		Permit Date: 7-13-17	NOT 15%: IS added to be submitted	
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:		Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District (R-1)		
Date of Inspection: 7-12-17		Inspected by: [Signature]	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Building should not be used for human habitation or on septic purposes & should not contain water plumbing fixtures w/ connection to pressurized water.				
Signature of Inspector: [Signature]		Date of Approval: 7-13-17		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal  
Permits May Also Be Required

LAND USE - X  
SANITARY -  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0260** Issued To: **David & Beckie McDonald**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **34** Township **47** N. Range **8** W. Town of **Iron River**

Par in  
Gov't Lot **6** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [ 1- Story; Portable Shed (10' x 14') = 140 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation and / or sleeping purposes and shall not contain indoor plumbing fixtures with connection to pressurized water.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**July 13, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
JUN 22 2017  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 17-02801  
Date: 7-13-17  
Amount Paid: 75.00  
Refund: 6.22-17  
doc

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: Kenneth A. Gundersen		Mailing Address: 65935 W. Pinecrest Rd. Iron River Wis.		City/State/Zip: Iron River Wis. 54847		Telephone: 715-373-8844		
Address of Property: 65935 W. Pinecrest Rd.		City/State/Zip: Iron River Wis.		Plumber: _____		Cell Phone: _____		
Contractor: ?		Agent Phone: _____		Agent Mailing Address (include City/State/Zip): _____		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Tax ID # (4-5 digits) 14733		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2010 R. 534662				
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Lot(s) 2	CSM 335	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2010 R. 534662
1/4, 1/4	Gov't Lot 2 Part of	2	335					
Section 27, Township 42 N, Range 8 W	Town of: Iron River	Lot Size		Acreage				

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If yes—continue →	Distance Structure is from Shoreline: 360 feet		

Value at Time of Completion * include donated time & material \$ 10,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: septic	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Ground		<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 48'	Width: 30'	Height: 12'
Proposed Construction:			

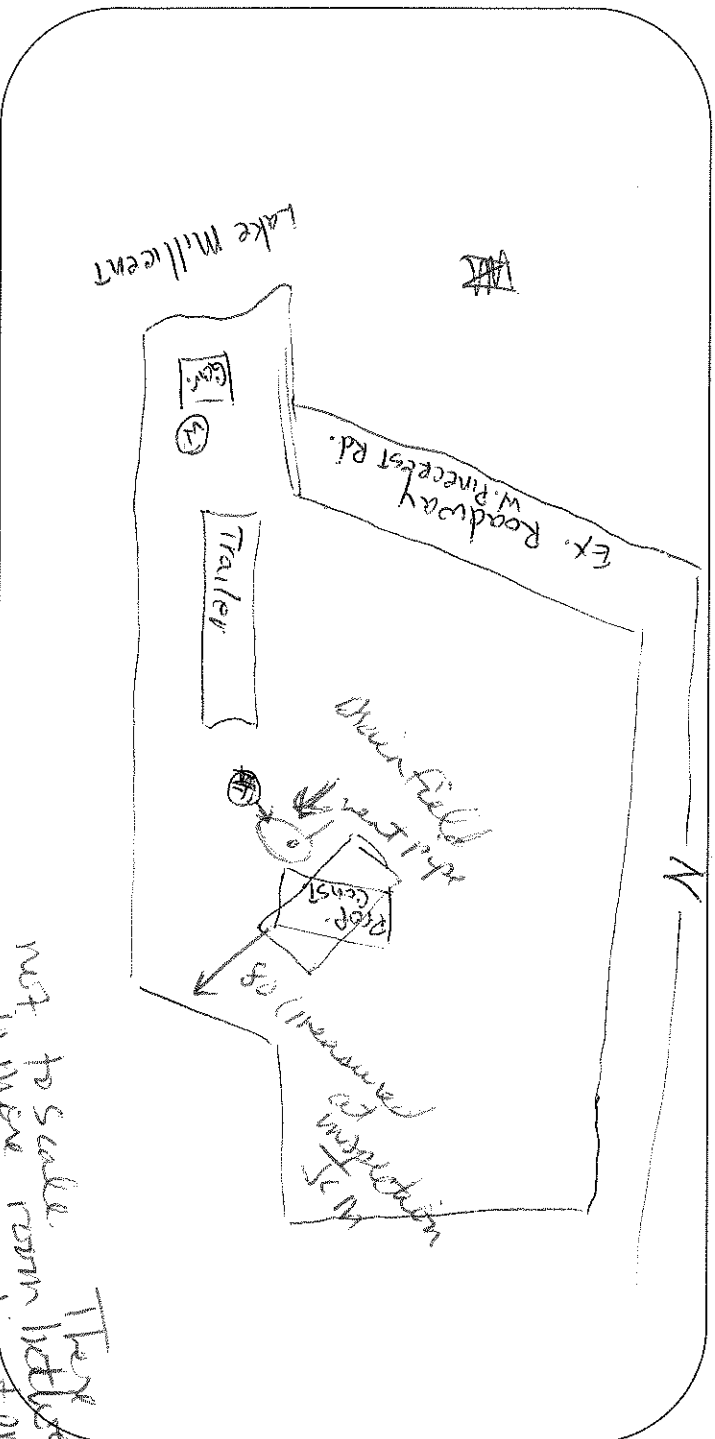
Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	with Loft	( ) X ( )	
	<input type="checkbox"/>	with a Porch	( ) X ( )	
	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( ) X ( )	
	<input type="checkbox"/>	with a Deck	( ) X ( )	
	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with Attached Garage	( ) X ( )	
	<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( ) X ( )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( ) X ( )	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Addition/Alteration (specify) Pole Barn	( 30' X 48' )	1440'
	<input type="checkbox"/>	Accessory Building (specify)	( ) X ( )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( ) X ( )	
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain)	( ) X ( )	
JUL 12 2017	<input type="checkbox"/>	Conditional Use: (explain)	( ) X ( )	
Secretarial Staff	<input type="checkbox"/>	Other: (explain)	( ) X ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.  
Owner(s): Kenneth A. Gundersen, Donald W. Gundersen, Michael W. Gundersen Date 6-22-17  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit \_\_\_\_\_  
Copy of Tax Statement Attached  
If you recently purchased the property send your Recorded Deed



Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road			
Setback from the Established Right-of-Way	30 Feet	Setback from the Lake (ordinary high-water mark)	360 Feet
Setback from the North Lot Line	300' Feet	Setback from the River, Stream, Creek	
Setback from the South Lot Line	150' Feet	Setback from the Bank or Bluff	
Setback from the West Lot Line	150' Feet	Setback from Wetland	
Setback from the East Lot Line	150' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback to Septic Tank or Holding Tank	75 Feet	Elevation of Floodplain	
Setback to Drain Field		Setback to Well	145 Feet
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>17-0261</u>		Permit Date: <u>7-13-17</u>		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record: <u>vacation cabin sold earlier this year regarding an addition to an existing w/ a permit &amp; other property line addition removed &amp; replaced on inspection</u>		Mitigation Required		Affidavit Required
Date of inspection: <u>7-12-17</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspected by: <u>J. C. MURPHY</u>		Mitigation Attached		Affidavit Attached
Conditions: <u>Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached)</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Builder's shall not be used for human habitation &/or sleeping purposes & shall not contain modern plumbing fixtures w/ connection to pressurized water source.		Zoning District		Take Classification
Signature of Inspector: <u>[Signature]</u>		<u>10-1</u>		<u>(R.1)</u>
Date of Approval: <u>7-13-17</u>		Date of Re-Inspection:		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0261** Issued To: **Kenneth & Donald Gunderson**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **27** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot **2** Lot **2** Block Subdivision CSM# **335**

For: **Residential Accessory Structure: [ 1- Story; Pole Barn (30' x 48') = 1,440 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): Building shall not be used for human habitation and/or sleeping purposes and shall not contain indoor plumbing fixtures with connection to pressurized water source.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**July 13, 2017**

Date